

INTERAGENCY PREVENTION ADVISORY COUNCIL (IPAC)
Department of Health Care Services (DHCS)
Mental Health and Substance Use Disorders (SUD) Services
Prevention, Treatment and Recovery Services Division (PTRSD)
1500 Capitol Avenue, Training Rooms A & B, Sacramento, California 95814
February 19, 2015 - 9:30 a.m. to 12:30 p.m.

Meeting Notes

Members Present

Don Braeger, DHCS, SUD PTRSD
Victoria King-Watson, DHCS, SUD PTRSD
Scott Berenson, California Community Colleges
John Carr, California Department of Alcoholic Beverage Control (ABC)
Tom Herman, California Department of Education
Scott Loso, California Highway Patrol (CHP)
Ray Murillo, California State University, Office of the Chancellor (CSU)
Julie Schilling (for Leslie Witten-Rood), Office of Traffic Safety (OTS)
Steve Wirtz, California Department of Public Health (DPH)
Belinda Veal, University of California, Office of the President

Guests

Katie Bell, Chapa-de Indian Health Programs
Susan Blauner, Saving Lives Coalition
Danelle Campbell, Butte County
Theresa Christensen, DHCS
Donald Clark, Seventh Day Adventist Church
Joyia Emard, Department of Consumer Affairs
Denise Galvez, DHCS
James Gasper, DHCS
Erika Green, Center for Applied Research Solutions (CARS)
Margie Hieter, DHCS
Kim Kirchmeyer, Medical Board of California
Jim Kooler, California Friday Night Live Partnership (FNL)
Bruce Lee Livingston, Alcohol Justice Coalition
Tou Moua, California Health Collaborative, Lock It Up Project
Julie Nagasako, DPH
Donna Newman-Fields, Sonoma County
Kendra Penner, DHCS

Duane Shaul, DHCS
Kerrilyn Scott-Nakai, CARS
Jason Smith, Author
Susan Thorn, Chapa-de Indian Health Programs
Jennifer Wagner, Substance Abuse and Mental Health Services Administration (SAMHSA)
Jane Williams, DHCS
Becky Wood, Mothers Against Drunk Driving
Marisol Zamora, California Health Collaborative
Paula Zapata, Fresno County

Introductions/Agenda/Material Review – Margie Hieter, Meeting Facilitator, DHCS, SUD PTRSD

The meeting was called to order at 9:30 a.m. Meeting attendees were invited to introduce themselves. An overview of the agenda was presented to the group.

Opening Remarks – Don Braeger, Division Chief, DHCS, SUD PTRSD

Don Braeger welcomed the group and reminded all that this meeting is the first official IPAC meeting since the transition from the Governor's Prevention Advisory Council. The Executive Leadership Team (ELT) is in the process of creating a framework, from which the council can move from being primarily an information dissemination Council to one of having specific strategies and priorities on which to base collaborative actions. Once completed, the framework will be the basis of a statewide prevention strategies and priorities plan and will provide opportunities to align prevention efforts among state departments. As the process evolves, and the first annual prevention strategies and priorities are determined, potential new members may be identified and invited to the table. Ultimately, the Council's efforts will encourage prevention efforts and community issues be addressed in a cohesive and aligned manner.

Recent DHCS staffing changes were reported.

- Jennifer Kent is the new DHCS Director, replacing Toby Douglas who left DHCS in January 2015. Ms. Kent has several years of prior experience working at DHCS and most recently, she was the Executive Director of Local Health Plans California.
- Victoria King-Watson was introduced as the Assistant Division Chief of the SUD PTRSD. Ms. King-Watson comes to DHCS from the Department of Developmental Services and joined the team in November 2014.
- Laura Colson has transitioned to the Office of Women's and Perinatal Services.
- To fill the vacancy behind Laura, Denise Galvez is the acting manager of the Policy and Prevention Branch.

The publications clearinghouse was eliminated December 31, 2014. Much of the information previously found in the clearinghouse can be found online at the websites of the information source. The 800 number will continue to be in operation and will utilize a telephone tree to route callers to the appropriate person.

The Organized Delivery System of SUD Services Waiver is being reviewed. Feedback must be received by March 21, 2015. This Waiver will be an amendment to California's existing section 1115 "Bridge to Reform" Waiver.

Presentation - A Product of the System, presented by Jason Smith, Author and Journalist

Mr. Smith shared his personal story of addiction: his introduction to, descent into, and escape from the use of controlled substances used to treat pain. As a teenager, his drug addiction was triggered by pain medications prescribed as a result of injuries received in a serious car accident. He immediately "fell in love" with the drugs. Long after the pain medications were needed, he found ways to manipulate doctors and the health care system in order to continue receiving opioid prescriptions.

Jason was able to continue his drug use for seventeen years, even while attending college, working at a responsible job, and on the surface appearing to be an "All American Boy". Based on his personal experience, he shared his thoughts and concerns about current prescribing practices and solutions for recognizing addiction and providing needed help and treatment.

His personal beliefs related to prescribing opioid pain medications and addiction are rooted in the following:

- Doctors are encouraged to prescribe narcotic pain medications.
- Doctors can be easily manipulated.
- Many doctors practice outside of their scope of practice with little understanding of addiction and withdrawal from the medications they prescribe.
- "Cutting off" an addict doesn't work. Fear of being cut off will keep an addict from being honest with their doctor and will drive them to use street drugs.

Jason believes that avenues of escape must exist for addicts:

- Give them options for an "out" while they are in a controlled, medical environment.

- Create partnerships of healing between doctors, pharmacists and the addict. Eliminate the adversarial roles of doctors/pharmacists vs. the addict.
- Train doctors who prescribe Schedule II narcotics about addiction.
- Make available help and treatment resources known to pharmacists since they are frequently the individuals who can spot the addiction.
- Cover costs of treatment, perhaps through Drug Medi-Cal.

Jason's presentation was followed by a lively question and answer/open discussion period during which the group addressed topics such as the effectiveness of using the Controlled Substance Utilization Review and Evaluation System (CURES) database, specific steps a doctor or pharmacist might take if they suspect addiction, the need for intervention to aid those who wish to stop using drugs, improving outreach into inner cities to include harm reduction strategies, and acknowledging that legal opioid users are frequently not warned of the dangers of driving while under the influence of their drugs.

In conclusion, Jason stated that his addiction occurred through the legal use of prescription opioid pain medications. His story is not his alone. There is an entire population of people who are currently in the same situation as he was. There should be an ethical responsibility to help these people kick their addiction.

Presentation - Opioid Overdoses: The Current State of Affairs, presented by James Gasper, Psychiatric and Substance Use Disorder Pharmacist, DHCS

An overview of opioid prescribing trends begins with a 1986 study that declared prescribing opioids for non-malignant pain was non-addictive. In the 1990s, the prescribing of opioids was encouraged as a way to prevent pain, leading to an increase in overall opioid sales. By 2007, opioid sales had increased seven-fold over a 10-year period. By 2010, opioid-related deaths had increased 313 percent over a 10-year period.

Since 2013, about half of all drug overdose deaths have been related to pharmaceutical overdoses. Of the 43,982 total overdose deaths, 16,235 were due to opioids. As efforts to reduce opioid use increase, addicts will find substitute drugs to use. In 2013, heroin overdose deaths were three times higher than they were in 1999.

In California, data from the DPH Vital Statistics Death Statistical Master File pinpoints the ten counties having the highest opioid poisoning deaths. Lake County ranks the highest at 23.9 per 100,000 population followed by Humboldt and Plumas, all small, rural northern counties. The statewide rate is 4.9 per 100,000 population.

Currently, prevention activities are occurring at the primary, secondary and tertiary levels. They include:

- *Primary* - safe prescribing activities such as guidelines and regulations, and activities implemented to secure the supply of drugs such as safe disposal and take back events.
- *Secondary* prevention efforts include medical practitioners and pharmacists utilizing a Prescription Drug Monitoring Program (PDMP) such as the CURES database to verify patient abuse is not taking place. Future efforts might include running unsolicited reports and providing this information at the health plan level as well.
- *Tertiary* efforts include reducing stigma and barriers to treatment and counseling services at the medical and health care level. The distribution of naloxone has been suggested as a treatment option and a way to prevent opioid overdose. Current regulations state that pharmacists must receive one hour of training to be able to distribute the product. Future recommendations include co-prescribing naloxone with opioids to prevent overdose.

Future recommendations include:

- Focus efforts on the prevention and treatment of opioid addiction.
- Increase access to substance abuse treatment in high risk communities and high risk populations, including the rural counties having the highest opioid poisoning death rates.
- Capitalize on laws supporting take-home naloxone use.

This presentation was followed by an in-depth question and answer/open discussion period during which the group addressed topics such as: strategies to support addicts once they leave the closed system of health care; recognize that services should target specific populations of users such as the homeless; housing services agencies could collaborate with other agencies to provide outreach, education and services; a general discussion of the 1115 Waiver related to primary and mental health settings; addiction is not specifically addressed within the health parity act; a general lack of funding exists; a shortage/lack of treatment facilities and providers exists; and treatment providers sometimes exhibit a hostile attitude towards the use of naloxone.

Presentation - Prescription Opioid Misuse Overdose and Prevention Workgroup: Collaboration to Promote New Guidelines for Prescribing Controlled Substances for Pain presented by Julie Nagasako, Special Assistant, Director's Office, DPH and Kim Kirchmeyer, Executive Director, Medical Board of California

In 2014, the Association of State and Territorial Health Officials issued a national challenge to decrease by 15 percent and by the end of 2015, both the rate of non-medical use and incidence of unintentional overdose deaths resulting from controlled prescription drugs. The DPH and its state partners accepted this challenge and created a workgroup to expand prevention strategies aimed at decreasing the rates of opioid misuse, overdose, and death. The workgroup explored opportunities to improve collaboration and expand joint efforts among the state departments working to address this epidemic. The workgroup's initial focus included collecting relevant data, providing education, and advancing policy solutions.

The workgroup's first collaborative effort was to promote the newly released Medical Board of California revised Guidelines for Prescribing Controlled Substances for Pain. As background and perspective in the 1990s, the Pain Act was passed to address the under treatment of pain and establish initial guidelines for pain management. In 2001, the Legislature required that physicians participate in education on pain management. In 2006, over treatment of pain was identified as being an issue. In 2012, a Prescribing Task Force was developed to outline prescribing guidelines. The process included researching regulations in other states, engaging stakeholder feedback, and undergoing a final review process by a panel of experts.

After the new guidelines were finalized, the workgroup partners were asked to promote the guidelines to stakeholders. A messaging team was established to promote the guidelines using a collective awareness approach that included email, a joint news release, media coverage, a workgroup webpage, and linked webpages with common content. An example is shown at this website.

<http://www.cdph.ca.gov/Pages/OpioidMisuseWorkgroup.aspx>).

Next steps for the workgroup include further engaging providers, health systems and health plans; continue to raise awareness of the pain management guidelines; and form an interagency data group.

This presentation was followed by an in-depth question and answer/open discussion period during which the group addressed topics such as: the future involvement of drug and alcohol prevention organizations and coalitions; strategies to improve the primary care delivery system's recognition of these new prescribing guidelines; training for the medical community; creating support to use Screening, Brief Intervention and Referral to Treatment as a resource and tool for drug use screening; decreasing the influence of

pharmaceutical companies' efforts to educate doctors on pain medications; and strengthening doctors' and pharmacists' use of the new guidelines for prescribing controlled substances for pain.

Underage Drinking Workgroup Update presented by John Carr, ABC and Dr. Jim Kooler, FNL

During the last Underage Drinking Workgroup meeting, a discussion on the use of the word "drunk" or "impaired" as they relate to driving resulted in a preference for using the term "impaired". The workgroup decided to conduct a review of current research to determine if new information exists on alcopop products. This will help ensure the workgroup is aware of new and emerging issues.

April is Alcohol Awareness month and several activities will be implemented by the workgroup and its members.

- ABC will implement shoulder tap activities around the March St. Patrick's Day holiday.
- The workgroup will reach out to law enforcement and the OTS to provide information and support related to impaired driving issues.
- Communities are encouraged to host local underage drinking Town Hall Meetings. While the events are not being funded by SAMHSA this year, youth are engaged in developing and implementing the meetings throughout the state through the FNL system. FNL received recognition for their youth-led town hall meetings and have been asked to develop a toolkit which can be shared on a national level.

Executive Leadership Team Update - Priority Setting Framework presented by Ray Murillo, CSU

For the past year, IPAC has been using a collective impact/collaborative action process to develop a common agenda among all partner agencies. The goal of this strategic planning activity is to identify a common agenda, mission and vision for IPAC. The ELT has developed a priority setting framework based on the National Prevention Strategy, the highest level of federal prevention strategy and from which the other federal priorities evolve. To determine how California ranks compared to the rest of the nation on behavioral health issues, data from several sources were reviewed.

When California's behavioral health indicators are compared to the national averages the following is identified:

- The highest rates of suicide are for older white men living in rural areas. The patterns of suicide attempts/completion are very different for men than they are

for women, with men using more lethal mechanisms (i.e., guns, hanging) than do women.

- Depression rates are higher among females than men. There is a strong overlap with alcohol and other drug usage issues and several common behavioral risk and protective factors, including early childhood adversity or trauma (e.g., substance use, mental health, and/or violence in the family).
- The percentage of California adolescents aged 12-17 having a Major Depressive Episode is slightly higher than the national percentage rate.
- California's underage usage rates for alcohol and other drugs are high, perceptions of harm are low, consumption starts at a young age and continues across the lifespan, and access to alcohol and other drugs is perceived as easy. Alcohol binge and heavy drinking use increases across the life span.
- Marijuana use peaks among young adults in the age range of 18-29.
- Prescription drug use peaks in an older, middle-aged group.

The strategy and priority setting framework includes several steps:

- Evaluate and prioritize members' prevention initiatives.
- Leverage state-level collaborative efforts to promote healthy communities and behaviors.
- Reduce problems associated with SUD, behavioral health issues, and other risky behaviors that cause harm.
- Measure progress through data collection.
- Evaluate results for effectiveness.
- Provide meaningful reports to statewide leadership.

To assess the various prevention initiatives and activities across member organizations, each member has been asked to complete a spreadsheet that will align their prevention activities with the National Prevention Strategy priorities. Each member should complete and submit their information to Margie.Hieter@dhcs.ca.gov by March 19, 2015. After the documents have been collected and analyzed, the results will be used to identify priorities and develop new workgroups. The May meeting will be a working meeting to provide an opportunity for direct input to the IPAC priority selection process.

The results will assist in forming a statewide strategies and priorities plan that will identify relevant strategies, select common priorities, and form active workgroups tasked to create realistic objectives designed to align and enhance individual member's efforts.

Member Updates

The CHP reported out on their drug recognition evaluator program, noting that the program has provided enhanced training for approximately 700 officers, to date. In 2014, there were 50,000 arrests, 4,000 of which were based on drug use or drugs and alcohol.

Announcements and Public Comments

Bruce Lee Livingston, Alcohol Justice Coalition - There is now a Los Angeles ordinance to prevent alcohol advertising on public transit. This is the culmination of a four-year campaign implemented by community organizations and local coalitions. City council members voted on the ordinance and the mayor approved the ordinance. The next step is to address advertising at Los Angeles International Airport.

Dr. Jim Kooler, FNL – Expressed a thank you to IPAC for looking at our mission and focus. He said a definition of prevention is incredibly important and noted that the alcohol, marijuana, and pharmaceutical businesses all have a vested interest in maintaining users.

Summary and Closing

Members and guests were thanked for attending today's meeting. The meeting was summarized as:

- The face of addiction is changing.
- In 2013, the CDC declared prescription drug misuse a national epidemic.
- Options are being explored to increase collaborative efforts to raise awareness and address the epidemic. Potential actions include: educating doctors and pharmacists about the new safe prescribing guidelines; securing the supply of available drugs; using PDMPs such as the CURES database; increasing the availability of treatment options; and increasing naloxone distribution.
- Congratulations to FNL for recognition of their youth-led town hall meetings and the request they have received to create a toolkit which can be used at a national level.
- Member homework assignments are due March 19, 2015.

The May 7, 2015 IPAC meeting will be a working meeting and will be held from 9:30 a.m. to 12:30 p.m. at 1500 Capitol Avenue.